

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2006 8:00 am
Secretary of State

04-21-2006 90114 024 ***150.00

DOCUMENT # G41484 1. Entity Name PENELOPE'S BREADS AND THREADS, INC.					
Principal Place of Business % MARY-BERTHA WEIGAND 353 N. SWINTON AVE DELRAY BEACH, FL 33444			Mailing Address % MARY-BERTHA WEIGAND 353 N. SWINTON AVE DELRAY BEACH, FL 33444		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEIGAND, MARY-BERTHA 353 N. SWINTON AVE DELRAY BEACH, FL 33444			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEIGAND, JOHN F. JR. 353 N SWINTON AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☒ Change ☐ Addition 190 SE 5 Ave Delray Beach, FL. 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MORGAN, PENELOPE W. 353 N SWINTON AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 190 SE 5 Ave Delray Beach, FL. 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WEIGAND, MARY-BERTHA 353 N SWINTON AVE DELRAY BEACH, FL 33444		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 190 SE 5 Ave. Delray Beach, FL. 33483	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u>Mary-Bertha Weigand</u>			4/18/06 561-212-1000		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		
Mary-Bertha Weigand					



01052006 Chg-P CR2E034 (11/05)

4. FEI Number
59-2306764

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**